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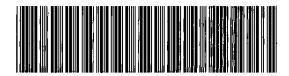
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section of Corp	orations				
	•				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of A	mendment and fee(s) are submitted for filing.				
Please return all correspond	dence concerning this matter to the following:				
	ERNESTO POZO				
Name of Person					
	SHUTTLELINER OF OCALA LL.C				
	431 NE 15+ AUE Address				
	Address				
	OCH LA FC 34470				
	City/State and Zip Code 140003 CLT 100 CO Coofwart. Com E-mail address: 60 be used for future annual report notification)				
SUMECT:	E-mail address: (6 be used for future annual report notification)				
For further information cor	ncerning this matter, please call:				
ERNE	erson at (352) 4270818 Area Code & Daytime Telephone Number				
Name of I	Person Area Code & Daytime Telephone Number				
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

•			
SHUTTLELINE	2 OF OCALA	7 L.C.C	
(Name of the Limited Liability (A Florida I	Company as it now apper	ars on our records.)	
(A Florida L	Initied Liability Company)		
The Articles of Organization for this Limited Liability C	omnany were filed on	2/19/2009	and assigned
Florida document number <u>L09000016946</u>			
Florida document number	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	ere:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	oany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			>
(Principal office address MUST BE A STREET ADDR	ESS)		i i i i i i i i i i i i i i i i i i i
			AF.
			SEE SEE
Enter new mailing address, if applicable:			T
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or regist	ered office address on	our records, enter	the name of the new
registered agent and/or the new registered office add		,	
Name of New Registered Agent:			
Name of New Registered Agent.	·		
New Registered Office Address:	r	nter Florida street aa	Iduana
	E.		
	C''	, Florida _	Zip Code
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Address</u> ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member ENNESTD. FOZD

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00